

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5	4					
6	4					
7	4					
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50						
TOTAL IND.	1					
TOTAL DEP.	21					
TOTAL CLAIMS	22					

NO.	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
51												
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